

# Prince of Peace — Youth Discipleship Registration

2024-2025

<b>Family Name</b> _____	
<b>Address</b> _____	
<b>Father's Name</b> _____	<b>Mother's Name</b> _____
Religion: _____	Legal or Custodial Parent _____
Email Address: _____	Religion: _____
Telephone: Home _____	Email Address: _____
Cell _____	Telephone: Home _____
Cell _____	Cell _____

For routine correspondence, I prefer to be contacted by (check all that apply) :    Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name and Information	Birth Date	Age	School	Grade In Fall	Baptized (yes/no)	Eucharist (yes/no)	Reconciliation (yes/no)	Confirmed? (yes/no)	Program Enrolling in*
Student: _____									
Any medical information or special needs we need to know? _____									
Student: _____									
Any medical information or special needs we need to know? _____									
Student: _____									
Any medical information or special needs we need to know? _____									

**Programs available include:**    1. High School Discipleship Groups 9<sup>th</sup> – 12<sup>th</sup>    2. Middle School Discipleship Groups 7<sup>th</sup> – 8<sup>th</sup>    3. Confirmation (7<sup>th</sup> grade and older)

If I cannot be reached during an emergency, call \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

In addition to the above, my child can also be released to \_\_\_\_\_ relationship \_\_\_\_\_

**I give permission:** for my child(ren's) photograph and/or video to be taken in any event and to be displayed within the church and in church publication  yes  no  
**Church website**  yes  no    **Church Facebook**  yes  no    **Church Instagram**  yes  no  
 for my child(ren's) work (art, essays, etc.) to be shared, displayed, and/or published  yes  no

**As Legal Guardian:** I grant Theresa Andary, Youth Ministry Coordinator, permission to use Email, Parish Facebook Page, Parish Instagram, Zoom, WhatsApp, Discord, Texting and Calling with my child  yes  no

Child's name and email address \_\_\_\_\_

Child's name and email address \_\_\_\_\_

Child's name and email address \_\_\_\_\_

**Continues on the Back!**

# Prince of Peace—Youth Discipleship Registration

In order for youth ministry to thrive we are in need of volunteers! Please circle which areas you would be interested in volunteering and someone will reach out to you!

**I am interested in volunteering as:** High School Discipleship Group Leader      Middle School Discipleship Group Leader      Retreat Leader  
Service Project Leader/Chaperone      Social Events Chaperone      Confirmation Prep Facilitator      Hospitality (food donations, etc.)      Prayer Ministry

We are always looking for teen volunteers for many of the ministries at the parish! They can get service hours for Volunteering! Please circle the ones your teen is interested in and we'll talk to them! It is our hope to start a youth mass this year which means we'll need teen volunteers for the different mass ministries!

**My Teen is interested in volunteering as a:** Mass Lector (Confirmed)      Altar Server      Music Ministry (Choir or Instrument)      Usher

Mass Technology      Office/Youth ministry Aid      Middle School youth group teen leader (9-12 grade)      CGS Aid      VBS Volunteer

**Registration Fee: \$40.00/child or \$90.00/family**      Please make checks payable to: Prince of Peace with Youth Discipleship Registration in the memo

\* Scholarships are Available \*

\*Adult Volunteer—Teen fees are waived\*

Parent Signature _____	Date _____	Registered Parishioner Yes / No _____
Check No _____	Cash _____	

**MEDICAL TREATMENT RELEASE FORM**  
Prince of Peace Catholic Church

**ONE PER CHILD**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

**Name of child:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reason for which release is intended: **Youth Ministry Faith Formation, Social Events, Retreats, other Youth Ministry Events**

Address of Child: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List allergies, medication, contact, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data:**

Company: \_\_\_\_\_

Policy: \_\_\_\_\_

Group: \_\_\_\_\_

Contract: \_\_\_\_\_

Company Address: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent or Guardian)





# DIOCESE OF GRAND RAPIDS

## MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

### RELEASE

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. ***I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).***

Yes, I grant permission for release

No, I do not grant permission for release

Signature of Individual (if 18 or older): \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

Name of Parent/Legal Guardian (print): \_\_\_\_\_  
(if individual is under 18 years old)

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

If individual referenced above is under 18, please indicate your relationship to that person: \_\_\_\_\_

\*Once completed, please return this form to your parish/school administration office